## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

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FILING DATE

APPLICANT(S

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| 50<br>TOTAL     |  |  |              |  |                    |             |
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| TOTAL<br>CLAIMS |  |  |         |   |                     |              |
|                 |  | I S DEPARTS                                      | (D) (D) |   |                     |              |

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